

(GW/UST-3)

Notice of Intent: UST Permanent Closure or Change-in-Service

 FOR
TANKS
IN
NC

Return Completed Form To:

The appropriate DEM Regional Office according to the county of the facility's location. [SEE REVERSE SIDE OF OWNER'S COPY (PINK) FOR REGIONAL OFFICE ADDRESS].

State Use Only

I. D. Number

Date Received

N.C. Dept. of EHNR

APR 21 1993

 Winston-Salem
Regional Office

INSTRUCTIONS

Complete and return thirty (30) days prior to closure or change-in-service.

I. OWNERSHIP OF TANK(S)

 Tank Owner Name: Phillips Management

(Corporation, Individual, Public Agency, or Other Entity)

 Street Address: P.O. Box 9515

 County: Guilford

 City: Greensboro State: NC Zip Code: 27429

 Tele. No. (Area Code): 919-274-2481

II. LOCATION OF TANK(S)

 Facility Name or Company Phillips Management

Facility ID # (if available) _____

 Street Address or State Road: 6805 SWING CT

 County: Guilford City: Greensboro Zip Code: _____

 Tele. No. (Area Code): 919-274-2481

III. CONTACT PERSON

 Name: KEITH PHILLIPS

 Job Title: OWNER

 Telephone Number: 919 2742481

IV. TANK REMOVAL, CLOSURE IN PLACE, CHANGE-IN-SERVICE

1. Contact Local Fire Marshall.
2. Plan the entire closure event.
3. Conduct Site Soil Assessments.
4. If Removing Tanks or Closing in Place refer to API Publications. 2015 "Cleaning Petroleum Storage Tanks" & 1604 "Removal & Disposal of Used Underground Petroleum Storage Tanks".

5. Provide a sketch locating piping, tanks and soil sampling locations.
6. Fill out form GW/UST-2 "Site Investigation Report for Permanent Closure" and return within 30 days following the site investigation.
7. Keep records for 3 years.

V. WORK TO BE PERFORMED BY:

 (Contractor) Name: Bobby's Backhoe Ser. INC

 Address: 1324 Wilky Lewis Rd State: GA Zip Code: 30606

 Contact: Bobby Williams / Teresa Dixon Phone: 919-275-1286

VI. TANK(S) SCHEDULED FOR CLOSURE OR CHANGE-IN-SERVICE

| TANK ID# | TANK CAPACITY | LAST CONTENTS | PROPOSED ACTIVITY | | |
|----------|---------------|---------------|-------------------------------------|--------------------------|---------------------|
| | | | CLOSURE | | CHANGE-IN-SERVICE |
| | | | Removal | Abandonment In Place | New Contents Stored |
| <u>1</u> | <u>1000</u> | <u>GAS</u> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | |
| | | | <input type="checkbox"/> | <input type="checkbox"/> | |
| | | | <input type="checkbox"/> | <input type="checkbox"/> | |
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VII. OWNER OR OWNER'S AUTHORIZED REPRESENTATIVE

Print name and official title

TERESA DIXON Office Manager

 *Scheduled Removal Date: 5-20-93

 Signature: Teresa Dixon

 Date Submitted: 4-20-93

*If scheduled work date changes, notify your appropriate DEM Regional Office 48 hours prior to originally scheduled date.